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**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 1  
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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This file summarizes current health insurance information for each person who completed an interview.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				16,119			LOW-HIGH BASEID Count
INTERVU	12	1	\$INTRFMT				C Type of interview
				14,742			C Community
				1,377			F Facility

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D_SUMINS	13	4	\$CNTFMT				C Summary insurance indicator
				2,152			1000 Medicare only
				305			1001 Medicare, 1 Public
				15			1002 Medicare, 2 Public
				1			1003 Medicare, 3 Public
				0			1004 Medicare, 4 Public
				8,438			1010 Medicare, 1 Private
				371			1011 Medicare, 1 Private, 1 Public
				16			1012 Medicare, 1 Private, 2 Public
				2			1013 Medicare, 1 Private, 3 Public
				0			1014 Medicare, 1 Private, 4 Public
				1,385			1020 Medicare, 2 Private
				45			1021 Medicare, 2 Private, 1 Public
				1			1022 Medicare, 2 Private, 2 Public
				2			1023 Medicare, 2 Private, 3 Public
				0			1024 Medicare, 2 Private, 4 Public
				198			1030 Medicare, 3 Private
				4			1031 Medicare, 3 Private, 1 Public
				0			1032 Medicare, 3 Private, 2 Public
				0			1033 Medicare, 3 Private, 3 Public
				0			1034 Medicare, 3 Private, 4 Public
				30			1040 Medicare, 4 Private
				1			1041 Medicare, 4 Private, 1 Public
				0			1042 Medicare, 4 Private, 2 Public
				0			1043 Medicare, 4 Private, 3 Public
				0			1044 Medicare, 4 Private, 4 Public
				9			1050 Medicare, 5 Private
				0			1051 Medicare, 5 Private, 1 Public
				1			1060 Medicare, 6 Private
				0			1061 Medicare, 6 Private, 1 Public
				1			1070 Medicare, 7 Private
				0			1080 Medicare, 8 Private
				0			1090 Medicare, 9 Private
				2,705			1100 Medicare, Medicaid
				121			1101 Medicare, Medicaid, 1 Public
				7			1102 Medicare, Medicaid, 2 Public
				0			1103 Medicare, Medicaid, 3 Public
				0			1104 Medicare, Medicaid, 4 Public
				281			1110 Medicare, Medicaid, 1 Private
				11			1111 Medicare, Medicaid, 1 Private, 1 Public
				0			1112 Medicare, Medicaid, 1 Private, 2 Public
				0			1113 Medicare, Medicaid, 1 Private, 3 Public
				0			1114 Medicare, Medicaid, 1 Private, 4 Public
				17			1120 Medicare, Medicaid, 2 Private
				0			1121 Medicare, Medicaid, 2 Private, 1 Public
				0			1130 Medicare, Medicaid, 3 Private
				0			1131 Medicare, Medicaid, 3 Private, 1 Public
				0			1132 Medicare, Medicaid, 3 Private, 2 Public
				0			1140 Medicare, Medicaid, 4 Private
				0			1141 Medicare, Medicaid, 4 Private, 1 Public
				0			1150 Medicare, Medicaid, 5 Private
MEDICAID	17	1	AIDFMT				N Medicaid eligibility
				12,977			0 Not entitled to Medicaid
				3,142			1 Entitled to Medicaid

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D_TYPPL1	18	2	PLANFMT	HI17			N Type of plan - Plan #1
				5,307			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				10,812			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D\_PRIVAT is not equal to 0.

D_PHREL1	20	2	RELFMT				N Policy holder relationship - Plan #1
				5,611			. Inapplicable
				0			-5 Never ask again
				8,675			1 Sample person
				1,741			2 Spouse
				10			3 Son
				7			4 Daughter
				1			5 Brother
				1			6 Sister
				40			7 Father
				22			8 Mother
				5			9 Son-in-law
				1			10 Daughter-in-law
				1			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				1			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				1			91 Other relative
				2			92 Other non-relative

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_COVNM1	22	2	COVGFM1				N # of family members covered by Plan #1
				5,611			. Inapplicable
				2			-9 Not ascertained
				13			-8 Don't know
				10,493			Number reported covered

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_COVRX1	24	2	YES1FMT				N Plan #1 covers prescribed medicines?
				5,611			. Inapplicable
				2			-9 Not ascertained
				240			-8 Don't know
				4,851			1 Yes
				5,415			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

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D_COVNH1	26	2	YES1FMT				N Plan #1 covers stay in nursing home?
				5,611			. Inapplicable
				2			-9 Not ascertained
				2,823			-8 Don't know
				2			-7 Refused
				1,688			1 Yes
				5,993			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_PAYSP1	28	2	YES1FMT				N MIP pay any/all cost for Plan #1
				5,610			. Inapplicable
				2			-9 Not ascertained
				101			-8 Don't know
				6			-7 Refused
				8,028			1 Yes
				2,372			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_ANAMT1	30	7	PREM_F				N Premium MIP pays for Plan #1-Annualized
				9,026			. Inapplicable
				134		0-100	\$100 or less
				971		100.01-500	\$101-\$500
				2,463		500.01-1000	\$501-\$1000
				1,873		1000.01-1500	\$1001-\$1500
				908		1500.01-2000	\$1501-\$2000
				339		2000.01-2500	\$2001-\$2500
				200		2500.01-3000	\$2501-\$3000
				89		3000.01-3500	\$3001-\$3500
				48		3500.01-4000	\$3501-\$4000
				29		4000.01-4500	\$4001-\$4500
				15		4500.01-5000	\$4501-\$5000
				24			Over \$5000

Note: Applies only if D\_PAYSP1 = 1

D_HMOPL1	37	2	YES1FMT		HI25		N Is Plan #1 an HMO
				5,650			. Inapplicable
				5			-9 Not ascertained
				141			-8 Don't know
				3			-7 Refused
				1,452			1 Yes
				8,868			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP1	39	2	MIPFMT				N How did MIP get Plan #1
				5,650			. Inapplicable
				9			-9 Not ascertained
				65			-8 Don't know
				2			-7 Refused
				4,519			1 Directly
				635			2 Main insured person's current employer
				3,714			3 Main insured person's prior employer
				210			4 Union
				89			5 Family business
				612			6 AARP
				404			7 Deceased spouse's employer
				20			8 Deceased spouse's union
				11			9 Fraternal/professional organization
				179			91 Other

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

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D_INDUS1	41	2	\$INDICOD				C Industry of employer - Plan #1
				11,457			Inapplicable
				4			-7 Refused
				2			-8 Don't know
				72			-9 Not ascertained
				2			A Agriculture, forestry, and fishing
				11			B Mining
				19			C Construction
				47			D Manufacturing
				12			E Transportation and public utilities
				5			F Wholesale trade
				19			G Retail trade
				13			H Finance, insurance, and real estate
				8			I Services
				187			J Public administration
				136			K Nonclassifiable establishments
				8			01 Agricultural production - crops
				10			02 Agricultural production - livestock
				8			07 Agricultural services
				2			08 Forestry
				0			09 Fishing, hunting, and trapping
				2			10 Metal mining
				21			12 Coal mining
				2			13 Oil and gas extraction
				7			14 Nonmetallic minerals, except fuels
				11			15 General building contractors
				36			16 Heavy construction, excluding building
				113			17 Special trade contractors
				2			20 Food and kindred products
				45			21 Tobacco products
				31			22 Textile mill products
				9			23 Apparel and other textile products
				20			24 Lumber and wood products
				22			25 Furniture and fixtures
				33			26 Paper and allied products
				95			27 Printing and publishing
				82			28 Chemicals and allied products
				38			29 Petroleum and coal products
				4			30 Rubber and misc. plastics products
				30			31 Leather and leather products
				171			32 Stone, clay, and glass products
				81			33 Primary metal industries
				121			34 Fabricated metal products
				96			35 Industrial machinery and equipment
				333			36 Electronic & other electric equipment
				19			37 Transportation equipment
				19			38 Instruments and related products
				68			39 Miscellaneous manufacturing industries
				19			40 Railroad transportation
				12			41 Local and interurban passenger transit
				138			42 Trucking and warehousing
				11			43 U.S. Postal Service
				20			44 Water transportation
				4			45 Transportation by air
				4			46 Pipelines, except natural gas
				156			47 Transportation services
				128			48 Communications
				16			49 Electric, gas, and sanitary services
				10			50 Wholesale trade - durable goods
				5			51 Wholesale trade - nondurable goods
				59			52 Building materials & garden supplies
							53 General merchandise stores

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
							-----
				38			54 Food stores
				20			55 Automotive dealers & service stations
				10			56 Apparel and accessory stores
				12			57 Furniture and home furnishings stores
				23			58 Eating and drinking places
				28			59 Miscellaneous retail
				91			60 Depository institutions
				3			61 Nondepository institutions
				8			62 Security and commodity brokers
				77			63 Insurance carriers
				26			64 Insurance agents, brokers, and services
				14			65 Real estate
				1			67 Holding and other investment offices
				8			70 Hotels and other lodging places
				9			72 Personal services
				48			73 Business services
				13			75 Auto repair, services, and parking
				4			76 Miscellaneous repair services
				7			78 Motion pictures
				14			79 Amusement & recreation services
				184			80 Health services
				21			81 Legal services
				582			82 Educational services
				21			83 Social services
				2			84 Museums, botanical, zoological gardens
				57			86 Membership organizations
				27			87 Engineering & management services
				0			88 Private households
				3			89 Services, nec
				288			91 Executive, legislative, and general
				96			92 Justice, public order, and safety
				13			93 Finance, taxation, & monetary policy
				32			94 Administration of Human Resources
				23			95 Environmental quality and housing
				37			96 Administration of economic programs
				135			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

Note: Applies only if D\_OBTNP1 = 2, 3, 5, or 8

D_TYPPL2	43	2	PLANFMT	HI17	N Type of plan - Plan #2
				14,425	. Inapplicable
				0	1 Medicare
				0	2 Medicaid
				0	3 Public plan
				1,694	4 Private plan
				0	5 Medicare HMO

Note: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 1 plan.

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D_PHREL2	45	2	RELFMT				N Policy holder relationship - Plan #2
				14,436			. Inapplicable
				0			-5 Never ask again
				1,386			1 Sample person
				292			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				3			7 Father
				2			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_COVNM2	47	2	COVGFM				N # of family members covered by Plan #2
				14,436			. Inapplicable
				1			-9 Not ascertained
				2			-8 Don't know
				1,680			Number reported covered

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_COVRX2	49	2	YES1FMT				N Plan #2 covers prescribed medicines?
				14,436			. Inapplicable
				1			-9 Not ascertained
				83			-8 Don't know
				498			1 Yes
				1,101			2 No

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_COVNH2	51	2	YES1FMT				N Plan #2 covers stay in nursing home?
				14,436			. Inapplicable
				1			-9 Not ascertained
				200			-8 Don't know
				384			1 Yes
				1,098			2 No

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

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D_PAYSP2	53	2	YES1FMT				N MIP pay any/all cost for Plan #2
				14,436			. Inapplicable
				3			-9 Not ascertained
				36			-8 Don't know
				1			-7 Refused
				1,107			1 Yes
				536			2 No

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_ANAMT2	55	7	PREM_F				N Premium MIP pays for Plan #2-Annualized
				15,160			. Inapplicable
				110		0-100	\$100 or less
				338		100.01-500	\$101-\$500
				216		500.01-1000	\$501-\$1000
				148		1000.01-1500	\$1001-\$1500
				65		1500.01-2000	\$1501-\$2000
				31		2000.01-2500	\$2001-\$2500
				26		2500.01-3000	\$2501-\$3000
				6		3000.01-3500	\$3001-\$3500
				10		3500.01-4000	\$3501-\$4000
				1		4000.01-4500	\$4001-\$4500
				4		4500.01-5000	\$4501-\$5000
				4			Over \$5000

Note: Applies only if D\_PAYSP2 = 1

D_HMOPL2	62	2	YES1FMT		HI25		N Is Plan #2 an HMO
				14,438			. Inapplicable
				9			-9 Not ascertained
				21			-8 Don't know
				110			1 Yes
				1,541			2 No

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_OBTNP2	64	2	MIPFMT				N How did MIP get Plan #2
				14,438			. Inapplicable
				9			-9 Not ascertained
				9			-8 Don't know
				742			1 Directly
				100			2 Main insured person's current employer
				572			3 Main insured person's prior employer
				55			4 Union
				6			5 Family business
				103			6 AARP
				56			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				1			9 Fraternal/professional organization
				27			91 Other

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS2	66	2	\$IND2COD				C Industry of employer - Plan #2
				15,406			Inapplicable
				6			-9 Not ascertained
				707			Industry classification code
Note: Applies only if D_OBTNP2 = 2, 3, 5, or 8							
D_TYPPL3	68	2	PLANFMT		HI17		N Type of plan - Plan #3
				15,875			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				244			4 Private plan
				0			5 Medicare HMO
Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 2 plans.							
D_PHREL3	70	2	RELFMT				N Policy holder relationship - Plan #3
				15,875			. Inapplicable
				0			-5 Never ask again
				193			1 Sample person
				51			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_COVNM3	72	2	COVGFM3				N # of family members covered by Plan #3
				15,875			. Inapplicable
				244			Number reported covered
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							

Note: Applies only if INTERVU = C and D\_TYPPL3 = 4

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D_OBTNP3	89	2	MIPFMT				N How did MIP get Plan #3
				15,875			. Inapplicable
				1			-9 Not ascertained
				1			-8 Don't know
				95			1 Directly
				15			2 Main insured person's current employer
				108			3 Main insured person's prior employer
				7			4 Union
				1			5 Family business
				5			6 AARP
				5			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				0			9 Fraternal/professional organization
				5			91 Other

Note: Applies only if INTERVU = C and D\_TYPPL3 = 4

D_INDUS3	91	2	\$IND2COD				C Industry of employer - Plan #3
				15,994			Inapplicable
				2			-9 Not ascertained
				123			Industry classification code

Note: Applies only if D\_OBTNP3 = 2, 3, 5, or 8

D_TYPPL4	93	2	PLANFMT		HI17		N Type of plan - Plan #4
				16,077			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				42			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 3 plans.

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D_ANAMT4	105	7	PREM_F				N Premium MIP pays for Plan #4-Annualized
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16,107	.	Inapplicable
1	0-100	\$100 or less
7	100.01-500	\$101-\$500
2	500.01-1000	\$501-\$1000
0	1000.01-1500	\$1001-\$1500
0	1500.01-2000	\$1501-\$2000
0	2000.01-2500	\$2001-\$2500
1	2500.01-3000	\$2501-\$3000
0	3000.01-3500	\$3001-\$3500
0	3500.01-4000	\$3501-\$4000
1	4000.01-4500	\$4001-\$4500
0	4500.01-5000	\$4501-\$5000

Note: Applies only if D\_PAYSP4 = 1

D_HMOPL4	112	2	YES1FMT	HI25			N Is Plan #4 an HMO
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16,077	.	Inapplicable
2	1	Yes
40	2	No

Note: Applies only if INTERVU = C and D\_TYPPL4 = 4

D_OBTNP4	114	2	MIPFMT				N How did MIP get Plan #4
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16,077	.	Inapplicable
10	1	Directly
2	2	Main insured person's current employer
25	3	Main insured person's prior employer
2	4	Union
0	5	Family business
0	6	AARP
0	7	Deceased spouse's employer
0	8	Deceased spouse's union
0	9	Fraternal/professional organization
3	91	Other

Note: Applies only if INTERVU = C and D\_TYPPL4 = 4

D_INDUS4	116	2	\$IND2COD				C Industry of employer - Plan #4
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16,092		Inapplicable
27		Industry classification code

Note: Applies only if D\_OBTNP4 = 2, 3, 5, or 8

D_TYPPL5	118	2	PLANFMT	HI17			N Type of plan - Plan #5
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16,108	.	Inapplicable
0	1	Medicare
0	2	Medicaid
0	3	Public plan
11	4	Private plan
0	5	Medicare HMO

Note: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 4 plans.

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D_PHREL5	120	2	REL FMT				N Policy holder relationship - Plan #5
				16,108			. Inapplicable
				0			-5 Never ask again
				7			1 Sample person
				4			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNM5	122	2	COVG FMT				N # of family members covered by Plan #5
				16,108			. Inapplicable
				1			-9 Not ascertained
				10			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVRX5	124	2	YES1 FMT				N Plan #5 covers prescribed medicines?
				16,108			. Inapplicable
				1			1 Yes
				10			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNH5	126	2	YES1 FMT				N Plan #5 covers stay in nursing home?
				16,108			. Inapplicable
				2			-8 Don't know
				1			1 Yes
				8			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_PAYSP5	128	2	YES1 FMT				N MIP pay any/all cost for Plan #5
				16,108			. Inapplicable
				6			1 Yes
				5			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4

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**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_ANAMT5	130	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
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16,113	.	Inapplicable
2	0-100	\$100 or less
3	100.01-500	\$101-\$500
1	500.01-1000	\$501-\$1000
0	1000.01-1500	\$1001-\$1500
0	1500.01-2000	\$1501-\$2000
0	2000.01-2500	\$2001-\$2500
0	2500.01-3000	\$2501-\$3000
0	3000.01-3500	\$3001-\$3500
0	3500.01-4000	\$3501-\$4000
0	4000.01-4500	\$4001-\$4500
0	4500.01-5000	\$4501-\$5000

Note: Applies only if D\_PAYSP5 = 1

D_HMOPL5	137	2	YES1FMT	HI25			N Is Plan #5 an HMO
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16,108	.	Inapplicable
0	1	Yes
11	2	No

Note: Applies only if INTERVU = C and D\_TYPPL5 = 4

D_OBTNP5	139	2	MIPFMT				N How did MIP get Plan #5
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16,108	.	Inapplicable
3	1	Directly
0	2	Main insured person's current employer
3	3	Main insured person's prior employer
4	4	Union
0	5	Family business
0	6	AARP
0	7	Deceased spouse's employer
0	8	Deceased spouse's union
0	9	Fraternal/professional organization
1	91	Other

Note: Applies only if INTERVU = C and D\_TYPPL5 = 4

D_INDUS5	141	2	\$IND2COD				C Industry of employer - Plan #5
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16,116		Inapplicable
3		Industry classification code

Note: Applies only if D\_OBTNP5 = 2, 3, 5, or 8